

2008**California Allocation of Estimated Tax
Payments for Beneficiaries****541-T**

For calendar year 2008 or fiscal year beginning month ____ day ____ year ____, and ending month ____ day ____ year ____.

Name of estate or trust

FEIN

Name and title of fiduciary

Address of fiduciary (including suite, room, PO Box, or PMB no.)

City

State

ZIP Code

If you are filing this form for the final year of the estate or trust, check this box. ☐

- 1 Total amount of estimated taxes to be allocated to beneficiaries \$ _____
- 2 Allocation to beneficiaries:

(a) No.	(b) Beneficiary's name and address	(c) Beneficiary's SSN/ITIN or FEIN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration percentage
I				%
II				%
III				%
IV				%
V				%
VI				%
VII				%
VIII				%
IX				%
X				%

3	Total from additional sheet(s)	3		
4	Total amounts allocated. (Must equal line 1, above)	4		

Under penalties of perjury, I declare that I have examined this allocation, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of fiduciary or officer representing fiduciary

Date

**Mailing
Address**

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002

Note: Do not file with Form 541.